

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

BOX PATENT APPLICATION

Honorable Commissioner of
Patents and Trademarks
Washington, D.C. 20231

Elan Pharmaceutical Research Corporation
1300 Gould Drive
Gainesville, GA 30504

November 19, 1999

Dear Sir:

Transmitted herewith for filing are the specification and claims of the patent application of:

Inventor(s): **O'Mahony, Daniel Joseph**

Title of Invention: **"Retro-inversion peptides that target GIT receptors and related methods"**

Also enclosed are:

<input checked="" type="checkbox"/>	<u>2</u> Sheets of	<input checked="" type="checkbox"/> FORMAL DRAWINGS	<input type="checkbox"/> INFORMAL DRAWINGS
<input checked="" type="checkbox"/>	OATH OR DECLARATION OF APPLICANT(S)		
<input checked="" type="checkbox"/>	A POWER OF ATTORNEY		
	A PRELIMINARY AMENDMENT		
	A VERIFIED STATEMENT TO ESTABLISH SMALL ENTITY STATUS UNDER 37 C.F.R. §1.19 AND § 1.27		
	A COMPUTER READABLE FORM OF THE SEQUENCE LISTING IN COMPLIANCE WITH 37 C.F.R. § 1.821(e). THE CONTENT OF THE COMPUTER READABLE FORM OF THE SEQUENCE LISTING AND THE SEQUENCE LISTING IN THE SPECIFICATION ARE THE SAME.		
<input checked="" type="checkbox"/>	TWO COPIES OF THIS SHEET ARE ENCLOSED		
	A CERTIFIED COPY OF PREVIOUSLY FILED FOREIGN APPLICATION NO. _____ FILED IN _____ ON _____		

11/19/99
jc564 U.S. PTO

00443986 11/19/99

jc688 U.S. PTO
09/443986
11/19/99

X	I hereby certify that this correspondence is being placed in the United States Mail as Express Mail No. EJ692421459 US on the 19th day of November , 1999. <u>Mary L. Severson 11/19/99</u> Mary L. Severson
	A check in the amount of _____ to cover the filing fee for this application. This amount is believed to be correct. However, the Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 05-0670 . A duplicate copy of this sheet is enclosed.
X	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 05-0670 . A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. § 1.16 <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. § 1.17.
X	The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 05-0670 . A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. § 1.17. <input checked="" type="checkbox"/> Any filing fees under 37 C.F.R. § 1.16 for presentation of extra claims.
	OTHER (IDENTIFY) <u>Postal card</u>

The filing fee is calculated as follows:

CLAIMS AS FILED, LESS ANY CLAIMS CANCELLED BY AMENDMENT

TOTAL CLAIMS =	43 -	20	=	23	X	\$18.00	=	\$ 414.00
INDEPENDENT CLAIMS =	19 -	3	=	16	X	\$78.00	=	\$1,248.00
BASIC FEE							=	\$ 760.00
TOTAL OF ABOVE CALCULATIONS							=	\$2,422.00
REDUCTION BY 1/2 FOR SMALL ENTITY							=	\$ 0.00
TOTAL FILING FEE							=	\$2,422.00

Respectfully submitted,

Mary L. Severson

Mary L. Severson

Registration No. 34,927

Elan Pharmaceutical Research Corporation
 1300 Gould Drive
 Gainesville, GA 30504
 (770) 534-8239
 Attny. Docket No.: 99.1064.US